

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 11-JUL-2013		TIME 13:07:00		2. ADDRESS OF OCCURRENCE 3951 W 103RD ST CHICAGO, IL 60655		3. LOCATION CODE 277		4. BEAT/OCCUR 2211				
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME WEBB		7. FIRST NAME MAUREEN F		8. STAR NO. 12525	9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 506	13. WT. 220	
	14. DATE OF APPT. 22-MAY-2006		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 007 4210B		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	20. LAST NAME GUFFRE		21. FIRST NAME PHILLIP		22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WHI		25. D.O.B. [REDACTED]	26. HT. 510	27. WT. 182	
SUBJECT INFORMATION	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED/OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST			34. BY WHOM? DR. [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
	36. CHARGES PLACED [REDACTED]						37. CB NO. [REDACTED]		IR NO. [REDACTED]		DNA <input type="checkbox"/>	
REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		ACTIVE RESISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE			
	PASSIVE RESISTER		FLED		IMMINENT THREAT OF BATTERY		ATTACK WITH WEAPON		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM			
WEAPON DISCHARGE INCIDENT	STIFFENED (DEAD WEIGHT)		PULLED AWAY		OTHER		ATTACK WITHOUT WEAPON		WEAPON			
	OTHER		OTHER		OTHER		OTHER IMPLIED		OTHER IMPLIED			
CASE INFO.	MEMBER'S RESPONSE		OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM			
	MEMBER PRESENCE		TAKE DOWN / EMERGENCY HANDCUFFING		CLOSED HAND STRIKE/PUNCH		KICKS		OTHER			
SIGNATURES	VERBAL COMMANDS		OC CHEMICAL WEAPON		IMPACT WEAPON (Describe in Box 40)		IMPACT MUNITION (Describe in Box 40)					
	ESCORT HOLDS		CANINE		OTHER							
WRISTLOCK		TASER (Probe Discharge)										
ARMBAR		TASER (Contact Stim)										
PRESSURE SENSITIVE AREAS		TASER (Laser Targeted)										
CONTROL INSTRUMENT		TASER (Spark Displayed)										
OC/CHEMICAL WEAPON W/AUTHORIZATION		OTHER										
OTHER												
39. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]												
40. ADDITIONAL INFORMATION THIS STATEMENT IS NOT BEING GIVEN VOLUNTARILY BUT UNDER DURESS. I AM ONLY GIVING THIS STATEMENT AFTER BEING GIVEN A DIRECT ORDER. THIS IS A SUMMARY OF REQUESTED INFORMATION.												
POSITION		STAR NO.		UNIT								
41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS						
<input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		CLEAR				
45. MAKE/MANUFACTURER SIG. & G. SWISS INDUSTRIAL GEBELLSCHAFT - SZ-		46. MODEL P239		47. BARREL LENGTH 4 INCHES		48. CALIBER/GAUGE 9 MM						
49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) SA114201		51. CHICAGO GUN REG. NO. R000661S		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]				
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 3				
59. WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN		63. DID MEMBER USE SIGHTS				
<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) UNKNOWN		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		<input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)		<input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
63. HOW WAS MEMBER'S HANDGUN DRAWN		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		66. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		67. POSITION OF MEMBER DISCHARGING WEAPON				
<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				<input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		<input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		<input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)				
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) PARKED AUTO		67. NOTIFICATIONS (OC OR TASER INCIDENT):		68. NOTIFICATIONS (FIREARM INCIDENT):		69. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.						
70. REPORTING MEMBER (Print Name) WEBB, MAUREEN F		STAR/EMPLOYEE NO. 12525		SIGNATURE [REDACTED]		71. REVIEWING SUPERVISOR (Print Name) RICHARDS, WARREN F		STAR NO. 243		DATE REVIEWED 11-JUL-2013 21:14:46		
72. SIGNATURES		73. REVIEWING SUPERVISOR (Print Name) RICHARDS, WARREN F		74. DATE REVIEWED 11-JUL-2013 21:14:46		75. TIME 21:14:46						

LOG # 106 3442

Attachment # 52

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject currently in surgery in Christ Hospital

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The members actions were in compliance with Department policies and Directives after offender pointed an object in her direction, causing her to fear for her safety and officer fired her weapon.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

FLETCHER, CHRISTOPH D

SIGNATURE



DATE COMPLETED TIME

11-JUL-2013 21:48:32

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT
☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

6